2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000005646

1. Entity Name
PARKVIEW SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
810 11TH STREET SUITE 202 MIAMI BEACH, FL 33139 US	810 11TH STREET SUITE 202 MIAMI BEACH, FL 33139 US

08212006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0462716
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WARREN JR., WILLIAM H.
810 11TH STREET
SUITE 202
MIAMI BEACH, FL 33139

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 8/26/2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COLONNA, VINCENT
STREET ADDRESS	810 11TH ST APT 100
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	CPD
NAME	FEIN, DAVID
STREET ADDRESS	810 11TH STREET, APT. 201
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	TD
NAME	WARREN JR., WILLIAM H.
STREET ADDRESS	810 11TH STREET, SUITE 202
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	SD
NAME	KEFOED, DIANE
STREET ADDRESS	810 11TH STREET #201
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/31/06-80003-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 8/26/2006 305-495-3472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #